

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of)	MAIL STOP RCE
Guy Couaraze et al.)	Group Art Unit: 1616
Application No.: 10/031,949)	Examiner: Andriae M Holt
Filing Date: May 1, 2002)	Confirmation No.: 8770
Title: LOW-DOSE TABLETS AND PREPARATION PROCESS)	

REQUEST FOR CONTINUED EXAMINATION (RCE)
TRANSMITTAL

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Customer Number **21839**

Sir:

Applicant(s) requests continued examination under 37 C.F.R. § 1.114 of the above-identified application.

1. ☒ a. Applicant(s) requests that any previously unentered after final amendments **not** be entered. Continued examination is requested based on the enclosed documents identified in item 1.c. below.
- ☐ b. Applicant(s) previously submitted the following document(s) for which continued examination is requested:
 - ☐ i. Consider the amendment previously filed on _____.
 - ☐ ii. Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____.
 - ☐ iii. Other: _____
- ☒ c. The following documents are enclosed with this submission:

<input checked="" type="checkbox"/> i. Amendment/Reply	<input type="checkbox"/> iv. Petition for Extension of Time
<input type="checkbox"/> ii. Affidavit(s)/Declaration(s)	<input type="checkbox"/> v. Other:
<input type="checkbox"/> iii. Information Disclosure Statement	
2. ☐ Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of _____ months. (Period of suspension shall not exceed three months. **Fee under 37 CFR § 1.17(i) required.**)

3. ☒ **The RCE fee under 37 CFR § 1.17(e) is required by 37 CFR § 1.114 when the RCE is filed.** The fee is calculated below on the basis of the highest number of claims previously paid for in this application prior to this submission.

					FEES
RCE Fee (1801)					\$ 810
	No. of Claims	Highest No. of Claims Previously Paid For	Extra Claims	Rate	
Total Claims	15	20	0	x 52 (1202)	\$ 0
Independent Claims	4	3	1	x 220 (1201)	220
Total Fee					\$ 1030
<input type="checkbox"/> Small Entity Status claimed - subtract 50% of Total Application Fee					\$ - 0
TOTAL APPLICATION FEE DUE					\$ 1030

4. ☐ Charge _____ to Deposit Account No. **02-4800** for the fee due.
5. ☒ Charge \$ 1030 to credit card for the fee due.
6. ☒ The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17 and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800.

Respectfully submitted,

BUCHANAN INGERSOLL & ROONEY PC

Date: December 28, 2010

By:


 Brian P. O'Shaughnessy
 Registration No. 32747

Customer No. 21839
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